			lifies as a multicandidate committee.	ERATIONS CENTER	R
(a	a) NAME OF C	OMMITTEE IN FULL			
	1		700	b JAN -9 P 12: 1	2
		Together PAC		4	·
(b)		Street Address		2. FEC IDENTIFICATION	NUMBER
		Dominion Drive, Suite 222		000412791	- 4-1 <del></del>
(c)	) City, State an	d ZIP Code		3. TYPE OF COMMITTEE	= (cneck one)
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е	rtify that o	ne of the following situation	is is correct (complete line 4 or 5)		
•	on affiliation	and simu	mmittee submitted its Statement ( Itaneously qualified as a multican	of Organization (FEC didate committee thr	CFORM 1 ough its
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